

the JASON Project to Michigan. This effort established the Lamphere School District as a JASON Project Primary Interactive Network site for Michigan. As host for JASON, Lamphere Schools helped thousands of Michigan students experience exciting scientific adventures. In 2001, Mr. McCann received the first-ever "Tech-Savvy Superintendent Award" for his leadership and vision in the area of educational technology, one of only 10 educators nationwide to earn this distinction by "eSchoolNews."

I know my Senate colleagues join me in congratulating James McCann on his retirement. I am proud to recognize his contributions to education and the indelible mark he has made in teaching with technology in Michigan. I wish him and his family many more years of good health and happiness.

RURAL HOSPITAL AND PROVIDER EQUITY ACT

Mr. THUNE. Mr. President, I rise today to emphasize the importance of enacting into law S. 3500, the Rural Hospital and Provider Equity Act of 2006. I would also like to thank the chairman of the Senate Rural Health Caucus, Senator THOMAS, along with Senators ROBERTS, CONRAD, and HARKIN, for taking the lead on this important piece of legislation.

There should be no difference between the quality of care that my constituents in South Dakota receive and constituents in urban States such as New York receive. Cancer, diabetes, and other diseases do not discriminate between people in rural or urban areas and there should be no discrimination between the health care services available in Lemmon, SD, and health care services available in New York City.

The Rural Hospital and Provider Equity Act extends and builds upon the important rural equity provisions included in the Medicare Modernization Act. These provisions can mean the difference between traveling 5 miles to the Wagner Community Memorial Hospital or 110 miles to Avera McKennan Hospital in Sioux Falls. These provisions—in more graphic terms—can mean the difference between a fatal heart attack and the successful stabilization of a heart attack patient.

In order to give a better picture of the benefits of this legislation, I would like to tell you a little bit about the challenges of ensuring health care access in South Dakota. My State has 66 counties and an average of 9.9 persons per square mile. The national average for individuals per square mile is 79.6.

Of these 66 counties, 44 are classified as medically underserved areas, areas that have insufficient health resources, manpower, or facilities to meet the medical needs of the population. The sheer vastness of South Dakota poses significant challenges in meeting the health care needs of our population. The Rural Hospital and Provider Equity Act includes hospital, physician, home health, ambulance, and tele-

health provisions that can make the distances of South Dakota more manageable and give my constituents access to the quality health care they deserve.

This legislation contains many provisions that will allow critical access and sole community hospitals, as well as rural doctors, to continue providing services to individuals who need it most. I would also like to highlight the telehealth provisions included in this bill that would continue serving rural beneficiaries and expand access to the type of care provided in more urban areas.

Telehealth uses telecommunications and information technologies to provide health care services at a distance. It provides individuals in remote underserved areas access to specialists and other health care providers through the use of technology. Additionally, the practice of telehealth brings medicine to people—people who live in medically underserved areas and people who are too frail or too ill to leave the comfort of their homes.

Section 19 of the Rural Hospital and Provider Equity Act requires the Secretary of the Department of Health and Human Services to create demonstration projects that would encourage home health agencies to utilize remote monitoring technology. Utilizing technology in the home health setting would reduce the number of visits by home health aides while still providing quality care.

Each demonstration project is required to include a performance target for the home health agency. This target would be used to determine whether the projects are enhancing health outcomes for Medicare beneficiaries, as well as saving the program money. Each year, the home health agency participating in the pilot would receive an incentive payment based on a percentage of the Medicare savings realized as a result of the pilot project.

The demonstration projects would be conducted in both rural and urban settings because medically underserved areas exist across the country. Three projects, however, are required to be conducted in a State with a population of less than 1 million.

Although numerous studies have praised the ability of telehealth to deliver care to individuals in remote areas, it has been continually underutilized and hampered by legal, financial, and regulatory barriers. Section 20 of the Rural Hospital and Provider Equity Act directs the Secretary of the Department of Health and Human Services to work with health care stakeholders to adopt provisions allowing for multistate practitioner licensure across State lines for the purposes of providing telehealth services. This provision is a step in the right direction of breaking down the barriers that prevent the adoption of telehealth.

Technology is improving each and every day and health care systems in rural America should be taking advan-

tage of technology to provide quality health care in remote underserved areas. The telehealth provisions included in the Rural Hospital and Provider Equity Act help promote the adoption of technology and have the potential to expand access to quality health care.

Individuals living in rural areas like my State of South Dakota deserve the same caliber of health care that individuals living in urban areas receive. The Medicare Modernization Act was a great start to placing rural health care providers on the same level playing field with providers located in urban areas. The Rural Hospital and Provider Equity Act continues and expands this level playing field, ensuring that rural Americans have access to high-quality health care services.

I thank Senator THOMAS for his leadership on this and other rural health issues and encourage my colleagues to support this important piece of legislation.

INTERNET SAFETY ACT

Mr. CORNYN. Mr. President, I rise today to speak about S. 3499, the Internet SAFETY Act, a bill that I have cosponsored with Senator KYL and other Members of this body.

This legislation targets child pornographers, and it continues the important progress this Congress has made to crack down on those who commit crimes against children.

Earlier this year, the Senate passed S. 1086, which would require lifetime registration by sex offenders throughout the United States and would substantially increase punishments for those convicted of sex crimes against children. The House has passed its own sex offender bill, which contains many sensible provisions. And the two Chambers are negotiating to resolve their differences. Hopefully we will soon reach an agreement—and a tough, smart bill will be reported to the President.

I firmly believe there is only one way to deal with those who prey on children: they must be caught sooner, punished longer and more stringently, and they must be watched much more closely than they are today. I began advancing this law enforcement theme while I served as Texas attorney general. There, I created a specialized unit known as the Texas Internet Bureau to coordinate and direct efforts to fight Internet crimes such as fraud, child pornography, and privacy concerns. The Texas Internet Bureau successfully identified several Internet predators that were caught, prosecuted and convicted.

I will continue to work in the Senate to ensure that law enforcement agencies have every tool they need to bring these criminals to justice. The Internet SAFETY Act will play an integral part in bringing child crime predators to justice.

This bill creates a new Federal offense for financially facilitating access